

CONTRACTOR'S QUALITY CONTROL REPORT (QCR) (ER 1180-1-6)		DATE: _____	REPORT No _____
CONTRACT NUMBER AND NAME OF CONTRACTOR (DAC -17-97-C-)	DESCRIPTION AND LOCATION OF THE WORK :		
WEATHER CLASSIFICATION: CLASS A No Interruptions of any kind from weather conditions occurring this or previous shifts. CLASS B Weather occurred during this shift that caused a complete stoppage of all work. CLASS C Weather occurred during this shift that caused a partial stoppage of work. CLASS D Weather overhead excellent or suitable during shift. Work stopped due to results of previous adverse weather. CLASS E Weather overhead excellent or suitable during shift but work partially stopped due to previous adverse manner. OTHER Explain		CLASSIFICATION: CLASS _____ TEMPERATURE: _____ MAX _____ MIN _____ PRECIPITATION: _____ INCHES _____.	
CONTRACTOR/SUBCONTRACTORS AND AREA OF RESPONSIBILITY FOR WORK PERFORMED TODAY: <i>(Attach list of items of equipment either idle or working as appropriate)</i>			
a. _____ b. _____ c. _____ d. _____ e. _____ f. _____ g. _____			
1. WORK PERFORMED TODAY: <i>(Indicate location and description of work performed refer to work by prime and/or subcontractors by letter in table above)</i>			
2. TYPE AND RESULTS OF INSPECTION: <i>(Indicate whether: P- Preparatory, I - Initial, or F - Follow-up and include satisfactory work completed or deficiencies with action to be taken.):</i>			
3. TESTS REQUIRED BY PLANS AND/OR SPECIFICATIONS PERFORMED AND RESULTS OF TESTS :			

4. **VERBAL INSTRUCTIONS RECEIVED:** (List any instructions given by Government personnel on construction deficiencies, retesting required, etc., with action to be taken.)

5. **REMARKS:** (Cover any conflicts in plans, specifications or instructions: acceptability of incoming materials ; offsite surveillance activities; progress of work, delays, causes and extent thereof; days of no work with reasons for same. Note if a Preparatory or Initial Phase Meeting was held, and attach a copy of the checklist.)

5. a. **REQUESTS FOR INFORMATION:** (Note that there is an RFI attached to this daily report, assign a control number and attach a sheet to this report which fully describes the RFI , and recommends a solution if applicable.)

☐ RFI Attached ; Control Number =

5. b. **ENVIRONMENTAL QUALITY CONTROL**

Environmental Quality Control Requirements are in place and have been checked? ☐ Yes; ☐ Not Applicable

Have any endangered species been encountered? ☐ Yes; ☐ No

(If Yes, attach required reports in accordance with Section ENVIRONMENTAL PROTECTION!)

5. c. **VISITORS TO THE SITE** (List the name of all official visitors to the site and who they represent i.e. State DEP, OSHA)

6. **SAFETY:** (Include all infractions of the accident prevention plan; COE Safety and Health Requirements Manual, EM 385-1-1; or instructions from Government QA personnel. **Describe corrective actions taken.**)

Safety meeting held today? ☐ Yes, ☐ No (If Yes, state the subject and report number of personnel in attendance)

Safety meeting subject: _____

Number of Contractor personnel attending = _____. Number of subcontractor personnel attending = _____.

Name of Reporting QC Inspector/s:

Signature & Date:_____

CONTRACTOR'S CERTIFICATION: I certify that the above report is complete and correct and that all material and equipment used, work performed and tests conducted during this reporting period were in compliance with the contract except as noted above.

Contractor's QC System Manager/ Authorized Representative